CTIM TELEPHONE DIET ORDER

(For C-9 and C-141 Flights)

AECC/ASF - Prepare single copy each flight.
 Nutritional Medicine Service - Prepare in duplicate, each flight.

| | | | PERSON CALLING | DATE | TIME ORDERED | | ED | PERSON RECEIVING CALL |
|------------------------|------------------------|------|--|------|--------------|--------|----------|-----------------------------|
| FLIGHT NO. | TIME ORDER REQUIRED | ASF | | | | | | |
| • | | AECC | | | | | | |
| PATIENT'S NAME | | | DIET ORDER (Specify calorie and mineral level if restricted) | | | LS NEE | DED S | STATION PATIENT ENPLANED |
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| CHECKED BY (Signature) | | | | | PICKUP TIME | | | ACCOUNTING CREDIT DATE |

AF FORM 2464, JUL 91

PREVIOUS EDITION WILL BE USED

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|---|------------------------|---------------------------------------|--|---|--|--------------|-------|----|---------------------------------------|--|
| CTIM TELEPHONE DIET ORDER (For C-9 and C-141 Flights) | | | | AECC/ASF - Prepare single copy each flight. Nutritional Medicine Service - Prepare in duplicate, each flight. | | | | | | |
| | | | PERSON CALLING | i | DATE | TIME | ORDER | ED | PERSON RECEIVING CALL | |
| FLIGHT NO. | TIME ORDER REQUIRED | ASF | | | | | | | | |
| | | AECC | | | | | | | | |
| DATIFALTIC MARKE | | | DIET ORDER (Specify calorie and mineral level if restricted) | | | MEALS NEEDED | | | STATION PATIENT ENPLANED | |
| PATIENT'S NAME | | В | | | | D | S | | | |
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| CHECKED BY (Signature) | | | | | | PICKUP TIME | | | ACCOUNTING CREDIT DATE | |
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